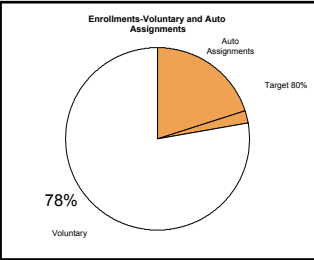
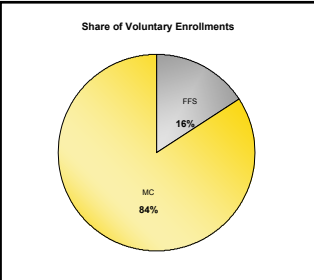
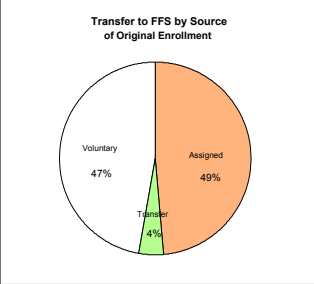


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Enrollment Snapshot

Enrollment Snapshot				Current Year			Last Year		
Effective Month - Dec-2010	Dec-10 # %	Nov-10 # %	SFY 2011 Jul-10 - Jun-11 # %	Dec-09 # %	Nov-09 # %	SFY 2010 Jul-09 - Jun-10 # %			
A. Assignment Pool (Excludes FFS Default)	14,049	19,437	94,406	17,846	22,037	206,499			
B. Voluntary Choice	8,544	13,022	60,456	9,716	12,984	121,764			
B1. Managed Care	6,528	10,083	44,182	6,678	9,035	83,782			
B2. Fee For Service	2,016	2,939	16,274	3,038	3,949	37,982			
C. Voluntary Choice - Not in the Assignment Pool *	10,663	11,890	64,582	9,366	16,615	159,658			
C1. Managed Care	9,497	10,603	55,294	7,489	11,409	121,441			
C2. Fee For Service	1,047	1,135	8,506	1,679	4,985	35,905			
C3. Zaps to Managed Care	119	152	782	198	221	2,312			
D. Auto Assignments	5,505 22%	6,415 20%	33,950 21%	8,130 30%	9,053 23%	84,735 23%			
E. Total Voluntary Choice (= B + C)	19,207 78%	24,912 80%	125,038 79%	19,082 70%	29,599 77%	281,422 77%			
F. Total Enrollments (= B + C + D)	24,712	31,327	158,988	27,212	38,652	366,157			
G. Fee For Service	3,063	4,074	24,780	4,717	8,934	73,887			
G1. Share of Voluntary Enrollments (= (B2 + C2)/E)	16%	16%	20%	25%	30%	26%			
G2. Share of Total Enrollments (= (B2 + C2) / F)	12%	13%	16%	17%	23%	20%			
H. Members in 90 Day Choice Period	108,410	110,462	704,044	112,531	116,780	1,358,378			
H1. Total Transfers within 90 Days (= H3 + H4)	4,486	5,805	31,429	6,524	9,042	123,575			
H2. Transfer Percent	4%	5%	4%	6%	8%	9%			
H3.90 Day Transfers to Fee For Service	1,181	1,338	8,493	2,329	2,694	28,390			
H4. 90 Day Transfers to Health Plans	3,305	4,467	22,936	4,195	6,348	95,185			

* Members who are in a future assignment pool or in the outreach pool. The first auto assignment took place in October 2007

December-2010 Snapshot		December 2010	Transfers To					Current Eligibles			
Target	80%		FFS	MCO	MHN	Total		Enrolled into MC	Assignable	Non-Assignable	Total
Actual (= E / F)	78%		FFS	-	318	184	502	Enrolled into MC	409,545	107,667	517,212
FFS Share of Voluntary Enrollment (= G1)	16%		MCO	984	1,759	659	3,402	FFS by Choice	61,135	24,606	85,741
MC Share of Voluntary Enrollment (100-G1)	84%		MHN	197	385	-	582	FFS by Default	20,840	95,349	116,189
			Total	1,181	2,462	843	4,486	Total	491,520	227,622	719,142

Top Transfer/ Disenrollment Reasons			
Fee For Service Choice Reasons		Transfer to Fee For Service Reasons	
1) 41 A - Other (Phone)	1,656	35 - Doctor Not Part Of Network	518
2) 35 - Doctor Not Part Of Network	828	41 - Other	321
3) 84 - Member utilizes services from multiple par and non-par providers	276	39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	137

Call Center Statistics				Current Year			Last Year		
Effective Month - Dec-2010	Dec-10 # %	Nov-10 # %	SFY 2011 Jul-10 - Jun-11 # %	Dec-09 # %	Nov-09 # %	SFY 2010 Jul-09 - Jun-10 # %			
A. Total Calls Received	19,563	26,579	136,933	19,968	30,691	296,583			
B. Total Calls Answered	19,403	26,226	135,446	19,840	30,317	287,896			
C. Totals Calls Abandoned after Threshold	41 -	60 -	311 -	44 -	190 1%	5,187 2%			
D. Average Speed to Answer in seconds	12	14	13	13	17	26			
Days in Call Period	10/22/10 - 11/18/10		09/17/10 - 10/21/10	10/23/09 - 11/17/09		09/18/09 - 10/22/09			

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Historical Enrollment Data

Numerator													
	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
A. Voluntary Choice - Assignment Pool	9,716	9,409	12,147	7,906	8,857	14,150	9,441	9,222	11,834	8,889	8,945	13,022	8,544
A1. Member Selected MC Plan	6,678	6,567	8,586	5,436	5,777	9,337	6,305	6,101	7,988	6,484	6,998	10,083	6,528
A2. Member Selected FFS	3,038	2,842	3,561	2,470	3,080	4,813	3,136	3,121	3,846	2,405	1,947	2,939	2,016
B. Voluntary Choice - Not in Assign Pool	9,366	9,422	9,588	12,301	12,719	11,975	14,386	10,429	10,739	10,726	10,135	11,890	10,663
B1. Member Selected MC Plan	7,489	7,652	8,239	10,380	10,687	9,637	12,425	8,263	8,876	9,177	8,878	10,603	9,497
B2. Member Selected FFS	1,679	1,391	1,186	1,738	1,877	2,203	1,817	2,018	1,714	1,442	1,150	1,135	1,047
B3. Member Zapped into MC Plan	198	379	163	183	155	135	144	148	149	107	107	152	119
Total Voluntary Choice (=A+B)	19,082	18,831	21,735	20,207	21,576	26,125	23,827	19,651	22,573	19,615	19,080	24,912	19,207
Denominator													
	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
C. Members up for auto-enroll	18,203	15,887	20,962	12,312	14,967	21,121	16,378	15,083	18,342	13,809	14,970	20,146	14,490
B. Voluntary Choice - Not in Assign Pool	9,366	9,422	9,588	12,301	12,719	11,975	14,386	10,429	10,739	10,726	10,135	11,890	10,663
D. FFS by Default **	(357)	(235)	(331)	(167)	(143)	(220)	(147)	(183)	(238)	(204)	(659)	(709)	(441)
Total Beneficiaries in the Month (= C+B+D)	27,212	25,074	30,219	24,446	27,543	32,876	30,617	25,329	28,843	24,331	24,446	31,327	24,712
	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
Members Auto Assigned	8,130	6,243	8,484	4,239	5,967	6,751	6,790	5,678	6,270	4,716	5,366	6,415	5,505
Auto Assignment Rate	30%	25%	28%	17%	22%	21%	22%	22%	22%	19%	22%	20%	22%
	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
Voluntary Selection Rate	70%	75%	72%	83%	78%	79%	78%	78%	78%	81%	78%	80%	78%
Total MC Choices (= A1+B1+B3)	14,365	14,598	16,988	15,999	16,619	19,109	18,874	14,512	17,013	15,768	15,983	20,838	16,144
Total FFS Choices (= A2+B2)	4,717	4,233	4,747	4,208	4,957	7,016	4,953	5,139	5,560	3,847	3,097	4,074	3,063
FFS Choice as a Percent of Member Choices	25%	22%	22%	21%	23%	27%	21%	26%	25%	20%	16%	16%	16%

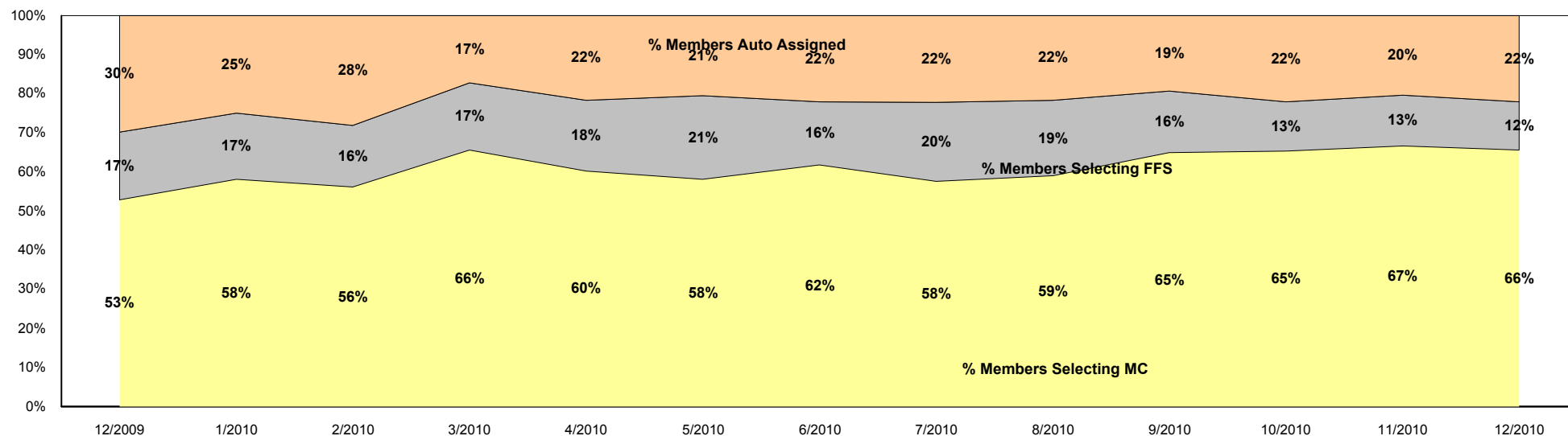
** Beneficiaries who were part of the pool initially but at the time of auto enrollment were no longer eligible.

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Historical Enrollment Data - Graphical Summary

Trendlines - Quantities	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
All Members Selected MC Plan	14,365	14,598	16,988	15,999	16,619	19,109	18,874	14,512	17,013	15,768	15,983	20,838	16,144
All Members Selected FFS	4,717	4,233	4,747	4,208	4,957	7,016	4,953	5,139	5,560	3,847	3,097	4,074	3,063
All Members Auto Assigned	8,130	6,243	8,484	4,239	5,967	6,751	6,790	5,678	6,270	4,716	5,366	6,415	5,505
Total (Volume)	27,212	25,074	30,219	24,446	27,543	32,876	30,617	25,329	28,843	24,331	24,446	31,327	24,712

Trendlines - Percentages (Graphed below)	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
All Members Selected MC Plan (%)	53%	58%	56%	66%	60%	58%	62%	58%	59%	65%	65%	67%	66%
All Members Selected FFS (%)	17%	17%	16%	17%	18%	21%	16%	20%	19%	16%	13%	13%	12%
All Members Auto Assigned (%)	30%	25%	28%	17%	22%	21%	22%	22%	22%	19%	22%	20%	22%

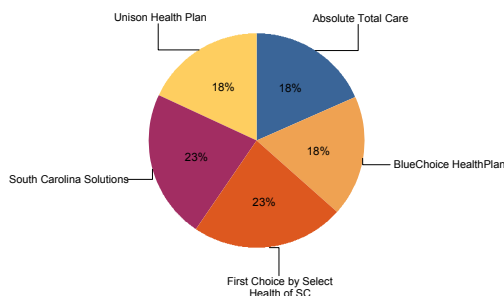


**** Note:** For the graphical representation we consider ALL members regardless whether they are in the Assignment Pool.

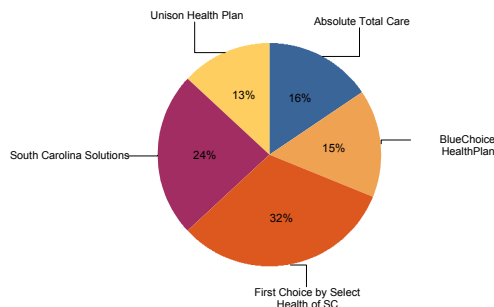
Plan Summary: Current and Previous Month Comparison

Effective Month 12/10								Effective Month 11/10					
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total		Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	2,526	1,013	3,539	71%	29%	16%		2,957	1,173	4,130	72%	28%	15%
BlueChoice HealthPlan	2,501	1,012	3,513	71%	29%	16%		2,970	1,148	4,118	72%	28%	15%
Carolina Crescent Health Plan	-	-	-	-	-	-		-	-	-	-	-	-
First Choice by Select Health of SC	5,132	1,247	6,379	80%	20%	29%		6,936	1,454	8,390	83%	17%	31%
South Carolina Solutions	3,882	1,242	5,124	76%	24%	24%		5,336	1,448	6,784	79%	21%	25%
Unison Health Plan	2,103	991	3,094	68%	32%	14%		2,639	1,192	3,831	69%	31%	14%
Totals	16,144	5,505	21,649	75%	25%	100%		20,838	6,415	27,253	76%	24%	100%

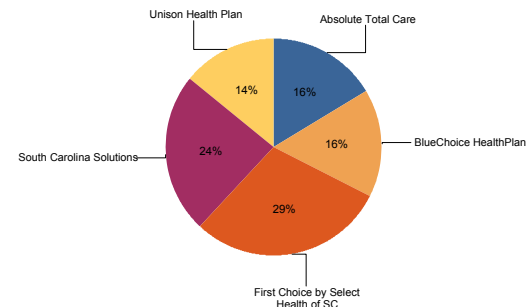
Current Month: Share of Auto Assignments



Current Month: Share of Choice Enrollments



Current Month: Share of Total Enrollments



Plan Summary: Last Year Current Month and Last Year Previous Month Comparison

Effective Month 12/09							Effective Month 11/09					
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	1,824	1,357	3,181	57%	43%	14%	2,415	1,536	3,951	61%	39%	13%
BlueChoice HealthPlan	667	1,177	1,844	36%	64%	8%	1,043	1,344	2,387	44%	56%	8%
Carolina Crescent Health Plan	1,035	1,472	2,507	41%	59%	11%	1,509	1,637	3,146	48%	52%	11%
CHCcares of South Carolina	-	-	-	-	-	-	-	-	-	-	-	-
First Choice by Select Health of SC	6,192	1,454	7,646	81%	19%	34%	9,080	1,625	10,705	85%	15%	36%
South Carolina Solutions	2,763	1,473	4,236	65%	35%	19%	3,979	1,583	5,562	72%	28%	19%
Unison Health Plan	1,884	1,197	3,081	61%	39%	14%	2,639	1,328	3,967	67%	33%	13%
Totals	14,365	8,130	22,495	64%	36%	100%	20,665	9,053	29,718	70%	30%	100%

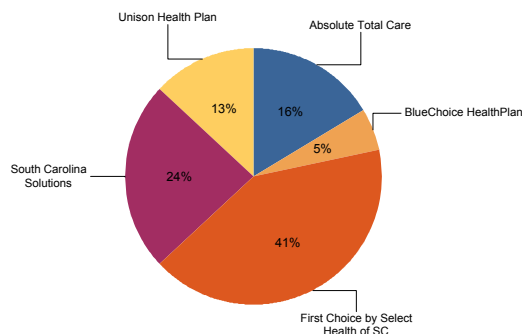
Plan Summary: SFY 2011 vs SFY 2010 Comparison

	SFY 2011			Jul-10 - Jun-11				SFY 2010			Jul-09 - Jun-10		
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total		Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	15,703	6,622	22,325	70%	30%	17%		27,676	14,891	42,567	65%	35%	15%
AMERIGROUP Community Care	0	0	0	-	-	-		-	-	-	-	-	-
BlueChoice HealthPlan	12,444	6,115	18,559	67%	33%	14%		10,115	12,884	22,999	44%	56%	8%
Carolina Crescent Health Plan	0	0	0	-	-	-		13,045	11,873	24,918	52%	48%	9%
CHCcares of South Carolina	0	0	0	-	-	-		152	-	152	100%	-	-%
First Choice by Select Health of SC	33,795	7,589	41,384	82%	18%	31%		79,284	15,628	94,912	84%	16%	32%
South Carolina Solutions	23,434	7,541	30,975	76%	24%	23%		48,105	16,168	64,273	75%	25%	22%
Unison Health Plan	14,882	6,083	20,965	71%	29%	16%		29,158	13,291	42,449	69%	31%	15%
Totals	100,258	33,950	134,208	75%	25%	100%		207,535	84,735	292,270	71%	29%	100%

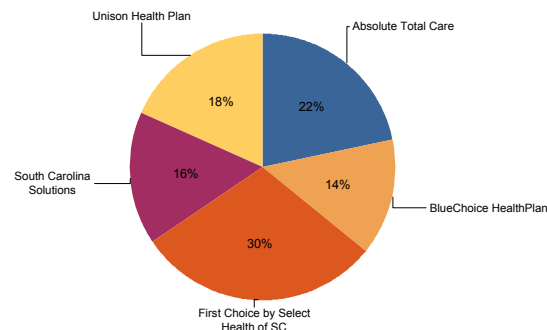
Plan Summary: Current and Previous Month Existing Total Enrollment Comparison

	As of 12/10							As of 11/10					
	Choice	Auto Assign	Total	Choice	Auto Assign	% to Total		Choice	Auto Assign	Total	Choice	Auto Assign	% to Total
Absolute Total Care	70,308	18,609	88,917	79%	21%	17%		70,144	18,691	88,835	79%	21%	17%
BlueChoice HealthPlan	23,210	12,116	35,326	66%	34%	7%		21,278	11,916	33,194	64%	36%	6%
Carolina Crescent Health Plan	-	-	-	-	-	-		-	-	-	-	-	-
First Choice by Select Health of SC	178,415	25,633	204,048	87%	13%	39%		177,366	25,494	202,860	87%	13%	40%
South Carolina Solutions	103,059	13,871	116,930	88%	12%	23%		101,212	13,896	115,108	88%	12%	23%
Unison Health Plan	56,178	15,813	71,991	78%	22%	14%		55,811	15,783	71,594	78%	22%	14%
Totals	431,170	86,042	517,212	83%	17%	100%		425,811	85,780	511,591	83%	17%	100%

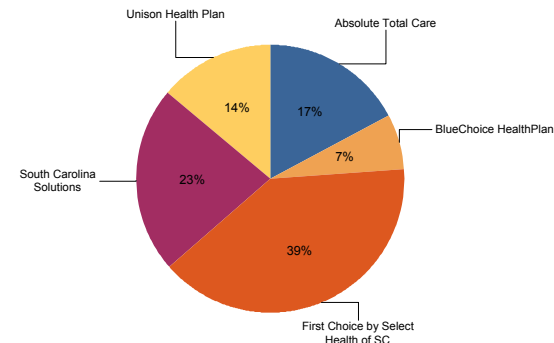
Total Choice Enrollments



Total Auto Assignments



Total Enrollments



South Carolina Healthy Connections Choices

Enrollment Period December 2010

Enrollment Numbers are as of 11/21/2010

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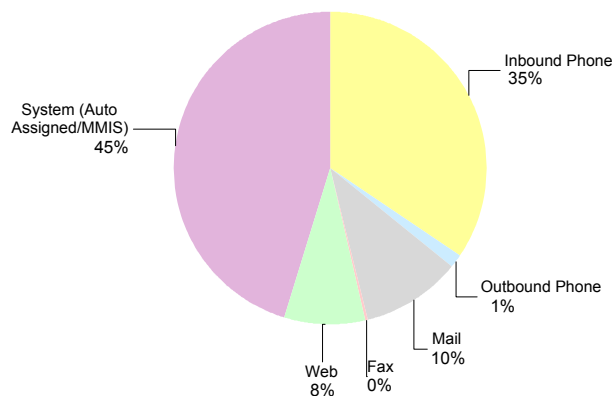
Historical Enrollment by Method - Data

	12/09	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10
Plan Enrollments	22,297	20,462	25,309	20,055	22,431	25,725	25,520	20,042	23,134	20,377	21,242	27,101	21,530
	83%	83%	84%	83%	82%	79%	84%	80%	81%	84%	87%	87%	88%
Inbound Phone	7,961 36%	7,552 37%	10,235 40%	8,241 41%	8,136 36%	10,576 41%	7,373 29%	7,812 39%	9,445 41%	8,309 41%	8,180 39%	11,001 41%	7,443 35%
Outbound Phone	22 -	33 -	4 -	67 -	12 -	68 -	55 -	39 -	66 -	35 -	178 1%	308 1%	292 1%
Mail	2,199 10%	1,798 9%	2,283 9%	1,807 9%	1,902 8%	2,555 10%	1,881 7%	1,946 10%	2,082 9%	2,279 11%	2,400 11%	2,805 10%	2,198 10%
Fax	105 -	73 -	127 1%	52 -	60 -	90 -	67 -	62 -	75 -	89 -	105 -	128 -	79 -
Web	1,040 5%	1,001 5%	1,171 5%	770 4%	1,229 5%	1,647 6%	1,067 4%	1,267 6%	1,452 6%	1,413 7%	1,539 7%	1,852 7%	1,746 8%
System (Auto Assigned/MMIS)	10,970 49%	10,005 49%	11,489 45%	9,118 45%	11,092 49%	10,789 42%	15,077 59%	8,916 44%	10,014 43%	8,252 40%	8,840 42%	11,007 41%	9,772 45%
FFS Enrollments	4,717	4,233	4,747	4,208	4,957	7,016	4,953	5,139	5,560	3,847	3,097	4,074	3,063
	17%	17%	16%	17%	18%	21%	16%	20%	19%	16%	13%	13%	12%
Inbound Phone	3,485 74%	3,122 74%	3,465 73%	3,016 72%	3,567 72%	5,342 76%	3,698 75%	3,863 75%	4,517 81%	3,553 92%	2,788 90%	3,741 92%	2,803 92%
Outbound Phone	3 -	8 -	3 -	7 -	12 -	47 1%	24 -	11 -	48 1%	42 1%	138 4%	162 4%	135 4%
Mail	786 17%	753 18%	844 18%	814 19%	895 18%	1,106 16%	838 17%	817 16%	755 14%	235 6%	158 5%	155 4%	116 4%
Fax	54 1%	30 1%	35 1%	46 1%	56 1%	54 1%	27 1%	38 1%	51 1%	15 -	6 -	14 -	9 -
Web	389 8%	320 8%	400 8%	325 8%	427 9%	467 7%	366 7%	410 8%	189 3%	2 -	7 -	2 -	-
Total Enrollments	27,014	24,695	30,056	24,263	27,388	32,741	30,473	25,181	28,694	24,224	24,339	31,175	24,593
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Inbound Phone	11,446 42%	10,674 43%	13,700 46%	11,257 46%	11,703 43%	15,918 49%	11,071 36%	11,675 46%	13,962 49%	11,862 49%	10,968 45%	14,742 47%	10,246 42%
Outbound Phone	25 -	41 -	7 -	74 -	24 -	115 -	79 -	50 -	114 -	77 -	316 1%	470 2%	427 2%
Mail	2,985 11%	2,551 10%	3,127 10%	2,621 11%	2,797 10%	3,661 11%	2,719 9%	2,763 11%	2,837 10%	2,514 10%	2,558 11%	2,960 9%	2,314 9%
Fax	159 1%	103 -	162 1%	98 -	116 -	144 -	94 -	100 -	126 -	104 -	111 -	142 -	88 -
Web	1,429 5%	1,321 5%	1,571 5%	1,095 5%	1,656 6%	2,114 6%	1,433 5%	1,677 7%	1,641 6%	1,415 6%	1,546 6%	1,854 6%	1,746 7%
System (Auto Assigned/MMIS)	10,970 41%	10,005 41%	11,489 38%	9,118 38%	11,092 40%	10,789 33%	15,077 49%	8,916 35%	10,014 35%	8,252 34%	8,840 36%	11,007 35%	9,772 40%

Historical Enrollment by Method - Graphical Summary

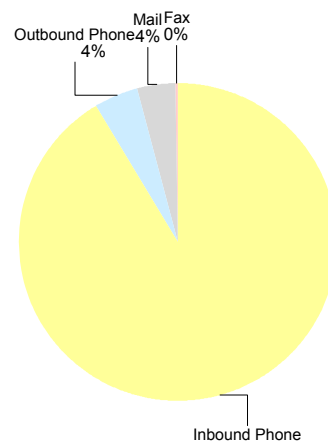
Health Plan Enrollments by Method

Current Enrollment Period



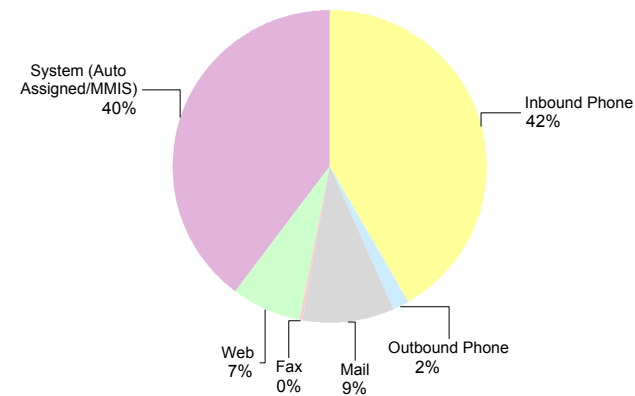
FFS Enrollments by Method

Current Enrollment Period



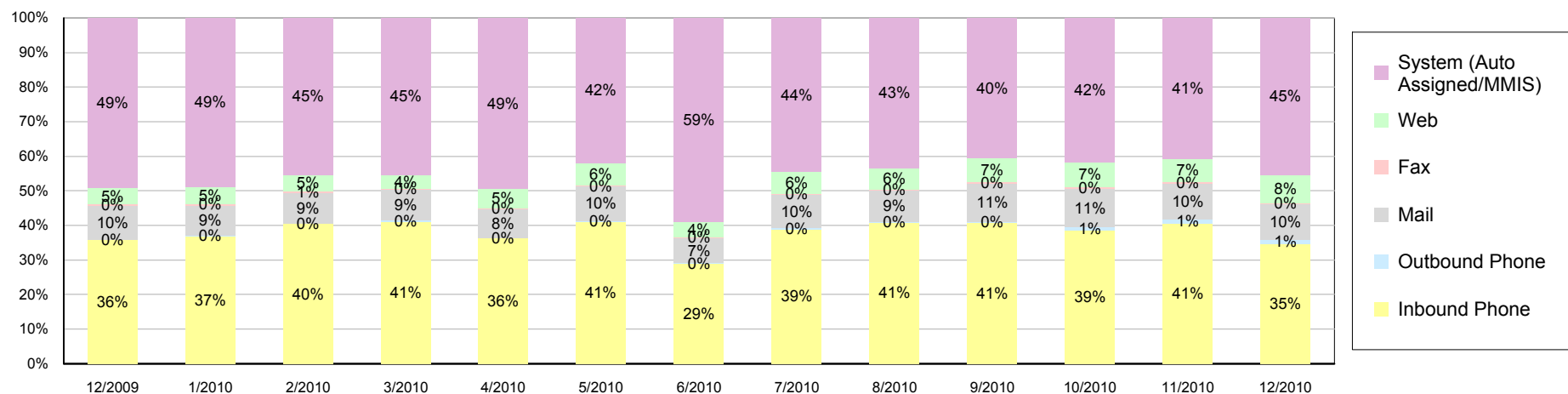
Total Enrollments by Method

Current Enrollment Period



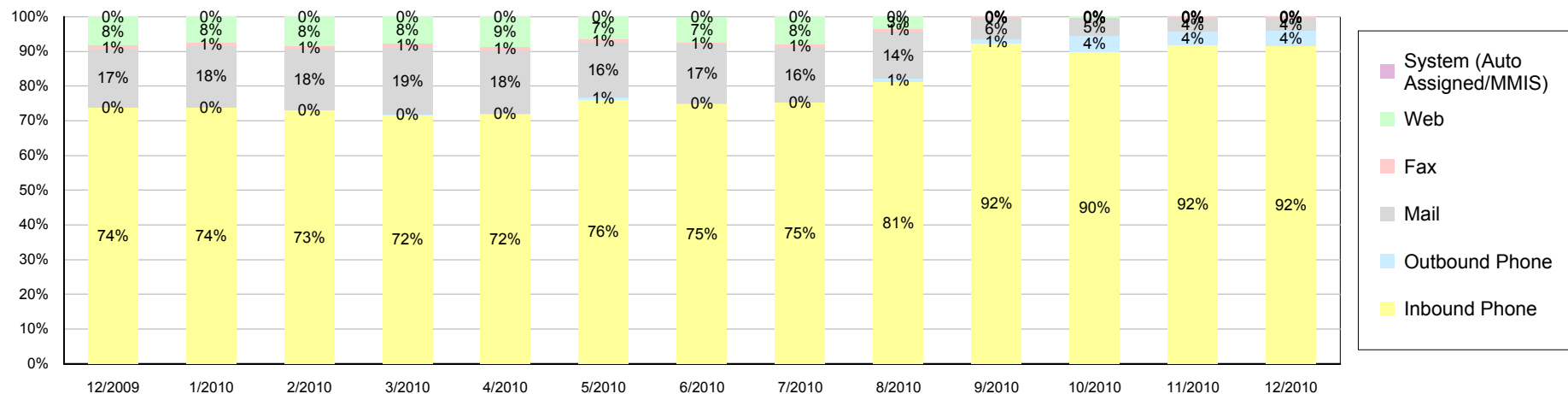
Health Plan Enrollments by Method

Historical Trend



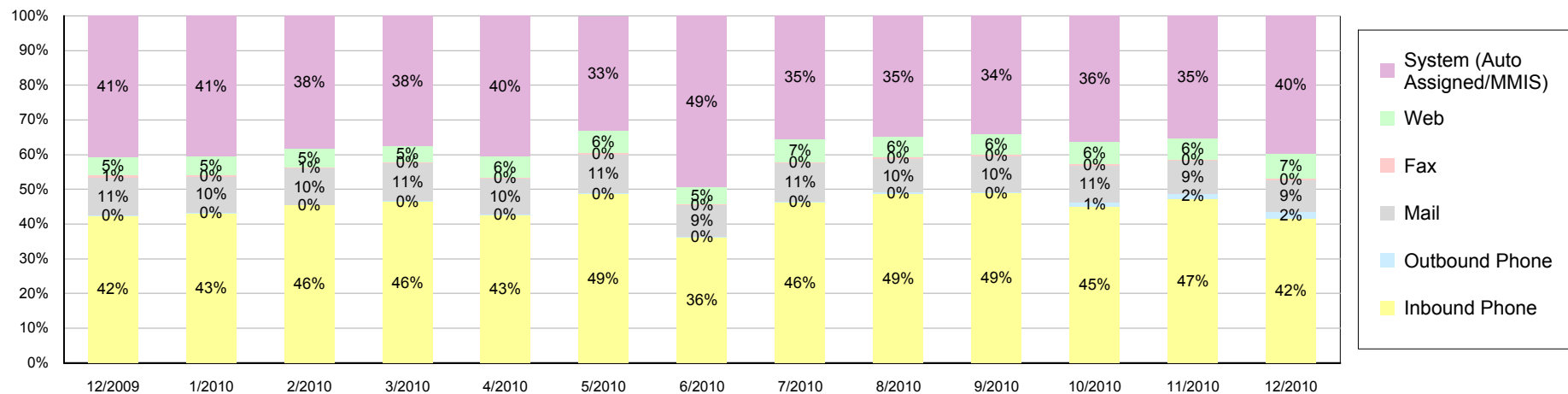
Fee For Service Enrollments by Method

Historical Trend



Total Enrollments by Method

Historical Trend



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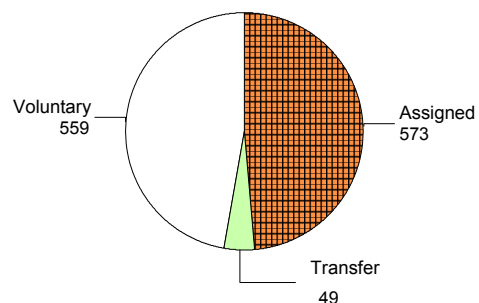
Disenrollment Information

Fee For Service Choice Reasons * 41-Other was not split into Mail/Fax/Web & Phone until August 09	Dec-10		Nov-10		SFY 2011 Jul-10 - Jun-11		Dec-09		Nov-09		SFY 2010 Jul-09 - Jun-10	
	#	%	#	%	#	%	#	%	#	%	#	%
35 - Doctor Not Part Of Network	828	27%	1,305	32%	7,537	30%	1,404	30%	2,619	29%	23,540	32%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	16	1%	9	0%	109	0%	82	2%	97	1%	682	1%
37 - Entering A Waiver Program or enters MFCP	10	0%	16	0%	63	0%	9	-	8	-	74	-
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	145	5%	193	5%	1,076	4%	209	4%	306	3%	2,230	3%
41 A - Other (Phone)	1,656	54%	2,018	50%	10,793	44%	1,499	32%	3,074	34%	22,868	31%
41 B - Other (Mail, Fax, Web)	16	1%	13	0%	669	3%	383	8%	617	7%	8,962	12%
42 - No reason provided on enrollment form	87	3%	142	3%	2,252	9%	833	18%	1,838	21%	12,828	17%
64 - Plan does not cover certain services because of moral or religious reasons	-	0%	4	0%	20	0%	6	-	3	-	26	-
70 - Member Placed Out of Home	14	0%	7	0%	51	0%	12	-	11	-	83	-
75 - Pharmacy Not Part Of Network	3	0%	-	0%	7	0%	5	-	13	-	41	-
84 - Member utilizes services from multiple par and non-par providers	276	9%	343	8%	2,135	9%	273	6%	346	4%	2,525	3%
A - Administrative	12	0%	24	1%	68	0%	2	-	2	-	28	-
Total Fee For Service Choice	3,063	100%	4,074	100%	24,780	100%	4,717	100%	8,934	100%	73,887	100%

Transfer to Fee For Service Reasons	Dec-10		Nov-10		SFY 2011 Jul-10 - Jun-11		Dec-09		Nov-09		SFY 2010 Jul-09 - Jun-10	
	#	%	#	%	#	%	#	%	#	%	#	%
03 - Member Ineligible for Medicaid	-	0%	-	0%	1	0%	-	-	-	-	-	-
04 - Member Eligible for Medicare	-	0%	-	0%	2	0%	-	-	-	-	-	-
08 - Member Has Private HMO Coverage	-	0%	2	0%	3	0%	-	-	-	-	-	-
30 - Moved Out of Plan Service Area	5	0%	11	1%	29	0%	8	-%	6	-%	86	-%
31 - Got Poor Quality Care	2	0%	1	0%	21	0%	24	1%	37	1%	234	1%
34 - Lack of Access to Services Covered Under the Contract	33	3%	38	3%	194	2%	83	4%	65	2%	627	2%
35 - Doctor Not Part Of Network	518	44%	611	46%	4,093	48%	1,142	49%	1,296	48%	15,076	53%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	11	1%	10	1%	92	1%	27	1%	28	1%	417	1%
37 - Entering A Waiver Program or enters MFCP	6	1%	10	1%	37	0%	11	-%	38	1%	183	1%
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	137	12%	164	12%	903	11%	329	14%	348	13%	3,053	11%
41 - Other	321	27%	331	25%	2,093	25%	465	20%	664	25%	6,465	23%
42 - No reason provided on enrollment form	12	1%	3	0%	63	1%	35	2%	30	1%	302	1%
53 - Didn't Realize What I was Signing Up For	6	1%	7	1%	45	1%	12	1%	27	1%	286	1%
60 - Member Died	1	0%	5	0%	11	0%	-	-	-	-	-	-
64 - Plan does not cover certain services because of moral or religious reasons	-	0%	9	1%	20	0%	3	-%	4	-%	42	-%
70 - Member Placed Out of Home	11	1%	9	1%	58	1%	14	1%	13	-%	148	1%
75 - Pharmacy Not Part Of Network	-	0%	-	0%	6	0%	3	-%	9	-%	45	-%
83 - Want to be Plan with Family Members	15	1%	4	0%	49	1%	20	1%	14	1%	175	1%
84 - Member utilizes services from multiple par and non-par providers	99	8%	122	9%	725	9%	141	6%	102	4%	1,126	4%
85 - Health Plan Referral Policy is unfavorable to Member	3	0%	1	0%	23	0%	12	1%	13	-%	103	-%
A - Administrative	1	0%	-	0%	25	0%	-	-	-	-	21	-%
Total Transfers to Fee For Service	1,181	100%	1,338	100%	8,493	100%	2,329	100%	2,694	100%	28,389	100%

Transfer to Fee For Service by Source of Original Enrollment	Member Enrolled Voluntarily		Member Transferred to the Plan		Member was assigned		Total Disenrollments	
	#	%	#	%	#	%	#	%
03 - Member Ineligible for Medicaid	-	0%	-	0%	-	0%	-	0%
04 - Member Eligible for Medicare	-	0%	-	0%	-	0%	-	0%
08 - Member Has Private HMO Coverage	-	0%	-	0%	-	0%	-	0%
30 - Moved Out of Plan Service Area	3	1%	1	2%	1	0%	5	0%
31 - Got Poor Quality Care	1	0%	-	0%	1	0%	2	0%
34 - Lack of Access to Services Covered Under the Contract	19	3%	6	12%	8	1%	33	3%
35 - Doctor Not Part Of Network	236	42%	20	41%	262	46%	518	44%
36 - Lack of Access to Providers Experienced With Member's Health Care Needs	9	2%	-	0%	2	0%	11	1%
37 - Entering A Waiver Program or enters MFCP	4	1%	1	2%	1	0%	6	1%
39 - Not Able To Get The Medicines I Was Able To Get In Regular Medicaid	81	14%	5	10%	51	9%	137	12%
41 - Other	120	21%	10	20%	191	33%	321	27%
42 - No reason provided on enrollment form	12	2%	-	0%	-	0%	12	1%
53 - Didn't Realize What I was Signing Up For	6	1%	-	0%	-	0%	6	1%
60 - Member Died	1	0%	-	0%	-	0%	1	0%
64 - Plan does not cover certain services because of moral or religious reasons	-	0%	-	0%	-	0%	-	0%
70 - Member Placed Out of Home	7	1%	1	2%	3	1%	11	1%
75 - Pharmacy Not Part Of Network	-	0%	-	0%	-	0%	-	0%
83 - Want to be Plan with Family Members	7	1%	3	6%	5	1%	15	1%
84 - Member utilizes services from multiple par and non-par providers	51	9%	2	4%	46	8%	99	8%
85 - Health Plan Referral Policy is unfavorable to Member	1	0%	-	0%	2	0%	3	0%
A - Administrative	1	0%	-	0%	-	0%	1	0%
Total Enrollment	559	100%	49	100%	573	100%	1,181	100%

Transfer to Fee For Service by Source of Original Enrollment



	Absolute Total Care	BlueChoice HealthPlan	First Choice by Select Health of SC	South Carolina Solutions	Unison Health Plan	FFS	Total Transfers From
Absolute Total Care		77	219	146	80	227	749
BlueChoice HealthPlan	94		276	98	72	194	734
First Choice by Select Health of SC	177	151		241	163	290	1,022
South Carolina Solutions	60	52	204		69	197	582
Unison Health Plan	86	102	262	174		273	897
FFS	52	67	143	184	56		502
Total Transfers To	469	449	1,104	843	440	1,181	4,486

Change Management Notes: May 2010: Please refer to CAR #1981 for several clean-up related changes that were made to Pages 4,5,9 and 10 of the Dashboard.

Page 1: Snapshot Summary

This page provides a high level view of Enrollments, Disenrollments, Transfers and Call Center Statistics.

Data is presented for Current Month, Previous Month, and Current State Fiscal Year. Data for Previous Year in a similar format is also presented.

Please refer to the Snapshot Page Glossary for details.

Change Management Notes:

1) C3 - Zaps to Managed Care data was added starting Dec 08 and is not available for prior months. Voluntary Choice total did not include these numbers prior to Dec 08.

2) Current Eligibles section was added starting Dec 08 and is not available for prior months.

Page 2: Historical Enrollment Trends (Data)

This is a summary of all members who got letters for scheduled auto assignments and their enrollment outcomes (Chose a Health Plan, Chose FFS, were left in FFS for lack of eligibility or were Auto Assigned). It also provides a summary of those members that were not in the current month's assignment pool, but enrolled into a Health Plan or FFS voluntarily. It also provides Auto Assignment Rate and FFS Choice Rate.

Page 3: Historical Enrollment Trends (Percentages & Graphical Summary)

This page includes all members regardless of whether they were in the Assignment Pool and groups them by members selecting a Managed Care Plan, members selecting FFS and members who were Auto Assigned. It provides counts as well as percentages and includes a graphical representation of the percentages.

Page 4 & 5: Health Plan Summary

This page provides Voluntary and Auto Assign Enrollment s for members, who had a Current Auto Assign Date, and groups them by individual Health Plan.

Change Management Notes: This page was modified to display enrollments by assign date starting Dec 08. Enrollments by assign date are not available for prior months. Numbers on the third table (SFY 2009 section) include enrollments by start date for the months Jul 08 to Nov 08 and enrollments by assign date Dec 08 onwards. The last table is a count of all enrollments that currently exist in the system.

Page 6: Enrollments by Method (Data)

This page provides a count of members who had a Current Auto Assign Date and were thereby enrolled into a Health Plan or Fee For Service by their method of enrollment (calls, web, mail, fax, system etc.)

Change Management Notes:

1) This page was added starting Dec 08. Includes enrollments by assign date and this data is not available for prior months.

2) Voluntary Choice Managed Care Totals on the Snapshot Page (B1 + C1) do not match Health Plan Enrollments by Mail + Fax + Web + Inbound Phone + Outbound Phone on the Enroll by method Page, because some times Voluntary Choices are marked with an enrollment source of "System" and are counted under "System - Auto Assigned (MMIS)" on the Enroll by method page. This happens because of reinstatements, roster updates, system updates etc.. Similarly Auto Assigned total (D) from the Snapshot Page does not match the "System - Auto Assigned (MMIS)" total on the Enroll by method page. On January's report a total of 1,664 Voluntary Choice to Managed Care members were grouped under "System - Auto Assigned (MMIS)" on the Enroll by Method page. Also note that zaps to managed care are not included in the Enroll by Method page.

Page 7 & 8: Enrollments by Method (Percentages & Graphical Summary)

This page provides a graphical representation of enrollment by method data.

Page 9 & 10: Disenrollment Information

This page provides total counts of Initial Fee for Service Choices or members who are choosing Fee For Service prior to enrollment in a Health Plan. It also provides reasons as to why members transferred from Managed Care to Fee for Service. Sections indicate how their original selection was made before transferring to Fee For Service (voluntary, transferred before going to FFS or were auto assigned to a plan).

Change Management Notes: 41-Other reason code under FFS Initial Choice table, is being split into choices made on the Phone and choice made via Mail, Fax or Web starting Aug 2009.

Page 11: Health Plan Transfer Mix

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This page provides Summary of Transfers between Health Plans, Transfers from Health Plans to FFS and FFS to Health plans for the Current Month.

Item #	Item Name	Description
A	Assignment Pool	Count of all members who got letters for Scheduled Auto Assignments. This count excludes members who were left in Fee For Service by default, because of lack of eligibility.
B	Voluntary Choice	Sum of B1 and B2
B1	Voluntary Choice - Managed Care	Count of all members who got letters for Scheduled Auto Assignments and Voluntarily Chose a Managed Care Health Plan.
B2	Voluntary Choice - Fee For Service	Count of all members who got letters for Scheduled Auto Assignments and Voluntarily Chose Fee For Service.
C	Voluntary Choice - Not in Assignment Pool	Sum of C1, C2 and C3.
C1	Voluntary Choice - Not in Assignment Pool - Managed Care	Count of members who were in a Future Assignment or Outreach Pool but enrolled Voluntarily into a Managed Care Health Plan.
C2	Voluntary Choice - Not in Assignment Pool - Fee For Service	Count of members who were in a Future Assignment or Outreach Pool but enrolled Voluntarily into Fee For Service.
C3	Voluntary Choice - Not in Assignment Pool - Zaps to Managed Care	Count of members who were never enrolled into a Health Plan in the past 12 months but were zapped into one in the current assignment period.
D	Auto Assignments	Count of all members who got letters for Scheduled Auto Assignments and were assigned to a Managed Care Health Plan by the System because the members did not make a selection by the scheduled auto assignment date.
E	Total Voluntary Choice (=B+C)	Count of all members who Voluntarily chose a Managed Care Health Plan or to remain in Fee For Service. These members could have come from the current assignment pool, a future assignment pool or the outreach pool.
F	Total Enrollments (=B+C+D)	Count of all members who were enrolled into a Health Plan or Fee For Service, either by Voluntary Choice or by way of Auto Assignment.
G	Fee For Service	Count of all members who Chose Fee For Service. These members could have come from the current assignment pool, a future assignment pool the an outreach pool.
G1	FFS Share of Voluntary Enrollments (=(B2+C2)/E)	Percentage of members choosing Fee For Service among those who made a Voluntary Choice.
G2	FFS Share of Total Enrollments (=(B2+C2)/F)	Percentage of enrollments to Fee For Service among Total Enrollments.
H	Transfer within 90 Days (=H3 + H4)	Count of all members who are in their 90 day choice period and made a Transfer (either to a Health Plan or Fee For Service).
H1	90 Day Choice Period	Count of all members who are in their 90 day choice period. Note that their original enrollments could have been made 90 days prior to the current enrollment period.
H2	Transfer Percent (=(H3+H4)/H1)	Percentage of members who transferred (either to a Health Plan or Fee For Service) among those who were in their 90 Day Choice Period.
H3	90 Day Transfers to FFS	Count of all members who are in their 90 day choice period and transferred to Fee For Service in the Current Enrollment Period.
H4	90 Day Transfers to Health Plans	Count of all members who are in their 90 day choice period and transferred to a Managed Care Health Plan in the Current Enrollment Period.
Current Enrollment Period Snapshot Percentages		
	Target	Voluntary Choice Target
	Actual (=E/F)	Percentage of members Voluntarily choosing a Health Plan or Fee For Service among total members who were enrolled.
	FFS Share of Voluntary Enrollment(=G1)	Percentage of members choosing Fee For Service among those who made a Voluntary Choice.
	MC Share of Voluntary Enrollment (100-G1)	Percentage of members choosing a Managed Care Health Plan among those who made a Voluntary Choice.

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Pie Charts

1	Enrollments - Voluntary & Auto Assignments	Voluntary Vs Auto Assignment share of total enrollments. It also displays the share of auto assignments that had to be voluntary choices in order to achieve the Target Percentage
2	Share of Voluntary Enrollments	Fee For Service Vs Managed Care share of Voluntary Enrollments,
3	Transfers to FFS by Source of Original Enrollment	Number of members transferring to FFS grouped by their source of original enrollment (Were Auto assigned to a Health Plan before transferring to FFS, were in a Voluntarily selected Health Plan before transferring to FFS, transferred to a Health Plan before transferring to FFS).

Current Eligibles Grid

1	Enrolled into Managed Care - Assignable	Count of all beneficiaries who were in our assignment pool at some point of time and are currently enrolled in a managed care health plan.
2	Enrolled into Managed Care - Non-Assignable	Count of all beneficiaries who are non assignable and are currently enrolled in a managed care health plan.
3	Enrolled into Managed Care - Total	Count of all beneficiaries who are currently enrolled in a managed care health plan.
4	FFS by Choice - Assignable	Count of all beneficiaries who were in our assignment pool at some point of time and are currently in FFS by choice.
5	FFS by Choice - Non-Assignable	Count of all beneficiaries who are non assignable and are currently in FFS by choice.
6	FFS by Choice - Total	Count of all beneficiaries who are currently in FFS by choice.
7	FFS by Default - Assignable	Count of all beneficiaries who were in our assignment pool at some point of time but had to be left in FFS for lack of eligibility OR are in a future assignment pool and currently in FFS.
8	FFS by Default - Non-Assignable	Count of all beneficiaries who are non-assignable and are currently in FFS by default.
9	FFS by Default - Total	Count of all beneficiaries who are in FFS by default.
10	Total - Assignable	Count of all beneficiaries in our system who are assignable.
11	Total - Non-Assignable	Count of all beneficiaries in our system who are NOT assignable.
12	Total	Count of all beneficiaries in our system

Current Enrollment Period Transfers Grid

		Groups total number of members who were in their 90 day choice period and transferred by the type of transfer made. (MCO-MCO, MCO_MHN, MCO-FFS, MHN-MCO, MHN-FFS, FFS-MCO, FFS-MHN)
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Top Transfer/Disenrollment Reasons

	Fee For Service Choice	Top four reasons why members chose Fee For Service as their Initial Choice. 41-Other is being split into choices made on Phone Vs choices made via Mail/Fax/Web starting Aug 2009.
	Transfer to Fee For Service	Top four reasons why members chose to transfer to Fee For Service.

Call Center Statistics

		Measures Call Center Performance and includes the said statistics for the current enrollment period.
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